

Montana Department of Agriculture – Organic Certification Program

Organic Production System Plan Update Year: _____

APPLICANT(S)		
FARM, RANCH OR BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS
COUNTY (OR COUNTIES) WHERE FARM IS LOCATED		MANAGER (IF DIFFERENT FROM THE APPLICANT)
ORGANIZATIONAL STRUCTURE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER:		TAX ID NUMBER OR SOCIAL SECURITY NUMBER

Please complete this form to **update** your Organic Production System Plan. Use additional sheets if necessary. **Complete all sections of the form, mark "Not Applicable" where appropriate. Failure to complete [all sections of] the form will delay processing your application for certification. Sign this form.** You must submit **farm maps and field history sheets** with this form. This update (short) form may only be used to renew certification. New applicants must submit a complete (long) Organic Production System Plan form. Please contact the Montana Department of Agriculture Organic Certification Program for additional forms or if you have any questions.

SECTION 1: General Information

The National Organic Program (NOP) rule requires applications for certification to include the name(s) of any organic certifying agent(s) to which application has previously been made; the year(s) of application; the outcome of the application(s) submission, including, when available, a copy of any notification of non-compliance or denial of certification issued to the applicant for certification and a description of the actions taken by the applicant to correct the non-compliances noted in the notification of non-compliance, including evidence of such correction.

Please list, in the table below, any current or past certification agencies applied to, the year(s) of application and the outcome of the application(s). Attach any notification(s) of non-compliance or denial of certification received after October 21, 2002. Include a description of your corrective actions and evidence thereof. ☐ Not Applicable (no current or past certifications)

ATTACH ADDITIONAL SHEETS IF NEEDED.

OTHER CERTIFICATION AGENCIES (CURRENT AND PAST)	YEAR(S) OF APPLICATION	OUTCOME OF APPLICATION [CERTIFIED (C), DENIED (D), SUSPENDED (S), REVOKED (R) OR OTHER (SPECIFY)]

If certification was previously suspended or revoked, attach documentation that the suspension is lifted and / or that you are eligible to re-apply for certification.

A. IN WHAT YEAR WAS YOUR LAST COMPLETE ORGANIC PRODUCTION SYSTEM PLAN (LONG FORM) SUBMITTED?

B. SELECT CHOICE OF CERTIFICATION.

☐ I am requesting NOP certification only.

☐ I am requesting NOP certification plus **European** (EEC) regulations verification (for export products).

☐ I am requesting verification of other standards (INDICATE STANDARDS DESIRED FOR VERIFICATION):

C. LIST ALL CROPS OR PRODUCTS REQUESTED FOR CERTIFICATION. ATTACH ADDITIONAL SHEETS IF NEEDED.

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D. DO YOU INTEND TO CERTIFY ANY LIVESTOCK THIS YEAR? ☐ yes ☐ no

Please note that you must complete an Organic Livestock Addendum to certify any livestock. Please contact the Montana Department of Agriculture Organic Certification Program with questions or to request additional forms.

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SECTION 1: General Information, *continued*

E. DO YOU HAVE ANY OFF-FARM OR ON-FARM PROCESSING DONE? (milling, bagging, bottling etc.) ☐ yes ☐ no

If yes, you may need to fill out an Organic Handling System Plan form. Please contact the Montana Department of Agriculture Organic Certification Program with questions or to request additional forms.

F. When is the best time to contact you? ☐ morning ☐ afternoon ☐ evening

When are you available for the inspection? ☐ morning ☐ afternoon ☐ evening

G. MINOR NON-COMPLIANCE(S)

NOP Rule 205.406(a)(3)

Did you have any minor non-compliance(s) from last year's certification? ☐ yes ☐ no

If yes, please complete the following table:

ATTACH ADDITIONAL SHEETS IF NEEDED.

DESCRIBE THE NON-COMPLIANCE	DESCRIBE HOW YOU ADDRESSED THE NON-COMPLIANCE	HAVE YOU RECEIVED A NOTICE OF RESOLUTION?

SECTION 2: Farm Plan Information

NOP Rule 205.201(a) and 205.202(a) and (b)

Please complete the table below and attach updated field history forms and maps that show all fields [organic (O), in transition (T) or non-organic (N)], field numbers, acres, crops planted, projected yields and all inputs applied. The acreages listed in this table must equal field histories and maps. Pastures are considered a crop and must be listed on each form. At least 36 months of histories are required for all fields.

ATTACH ADDITIONAL SHEETS IF NEEDED.

CROPS REQUESTED FOR CERTIFICATION	FIELD NUMBERS	TOTAL ACRES (OR AREA) PER CROP	PROJECTED YIELD / ACRE (OR AREA)	PROJECTED TOTAL PRODUCTION

If you have added new fields since your last application, you must submit a completed Previous Land Management Affidavit (PLMA) for each field managed by you for less than three years. Please include the PLMA form(s) with this application.

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SECTION 2: Farm Plan Information, *continued*

Have you added any fields to your operation since your last application for certification? ☐ yes ☐ no

*If yes, please complete the following table for **all fields added** to your operation since your last application for certification.*

ATTACH ADDITIONAL SHEETS IF NEEDED.

FIELD NUMBER(S).	PARCEL ADDRESS OR LEGAL DESCRIPTION (RANGE – TOWNSHIP – SECTION)	NUMBER OF ACRES		OWNED OR RENTED
		ORGANIC	NON-ORGANIC	

SECTION 3: Seeds and Seed Treatments

NOP Rule 205.204

List all seeds used or planned for use in the current season, including seeds planted previously, on proposed organic fields.

If using non-organic seeds, please complete and submit an Organic Seed Non-Availability Affidavit.

☐ No seeds used- **go to section 4**

☐ All seeds are organic

☐ No treated seeds used

☐ No GMO seeds purchased / planted

ATTACH ADDITIONAL SHEETS IF NEEDED.

SEED/VARIETY/BRAND	ORGANIC (✓)	UNTREATED (✓)	TREATED (✓)	GMO (✓)	TYPE / BRAND OF TREATMENT		WHAT ATTEMPTS DID YOU MAKE TO USE ORGANIC SEED?
					FUNGICIDE	INOCULANT	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 4: Source of Seedlings and Perennial Stock

NOP Rule 205.204

A. DO YOU PURCHASE ORGANIC SEEDLINGS? ☐ yes ☐ no ☐ Not applicable (no seedlings purchased)- **go to section 4B**

Describe any and all changes to your Organic Production System Plan, in regard to purchased seedlings:

☐ no changes

B. IF YOU GROW ORGANIC SEEDLINGS ON-FARM:

☐ Not applicable (no seedlings grown)- **go to section 4C**

Describe any and all changes to your Organic Production System Plan, in regard to seedlings grown on your farm:

☐ no changes

Describe any changes to your Organic Production System Plan, in regard to your organic greenhouse(s):

☐ no changes

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SECTION 4B: Organic Seedlings / Greenhouse, *continued*

Have you added any greenhouse inputs to your operation since your last application for certification? ☐ yes ☐ no

If yes, complete the following table.

Attach labels and have labels available for inspection.

ATTACH ADDITIONAL SHEETS IF NEEDED.

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE: ☐ Not applicable (no greenhouse)-
go to section 4D

Describe any changes to your Organic Production System Plan, in regard to your non-organic greenhouse(s): ☐ no changes

D. PLANTING STOCK: ☐ Not applicable (no planting stock used)- **go to section 5**

List all planting stock used or planned for use in the current season, including stock planted previously, on proposed organic fields.

ATTACH ADDITIONAL SHEETS IF NEEDED

PLANT TYPE	PLANTING STOCK SOURCE	ORGANIC (✓)	NON- ORGANIC (✓)	DATE PLANTED	EXPECTED HARVEST DATE	IF NON-ORGANIC, DESCRIBE ATTEMPTS TO OBTAIN ORGANIC PLANTING STOCK
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 5: Soil and Crop Fertility Management

NOP Rule 205.203 and 205.205

A. GENERAL INFORMATION

Rate the effectiveness of your soil and crop fertility management: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes to your Organic Production System Plan, in regard to soil and crop fertility management: ☐ no changes

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SECTION 5A: Soil and Crop Fertility General Information, *continued*

List all fertility inputs used or intended for use in the current season on proposed organic fields. All inputs used during the current year and previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED

☐ Not applicable (no fertility inputs used)- **go to section 5B**

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	NUMBER OF APPLICATIONS PER YEAR	REASON FOR USE OF PRODUCT

If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation?" ☐ Not applicable (no restricted fertility inputs used)

If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt buildup? ☐ Not applicable (no high-salt fertilizers used)

B. COMPOST USE.

☐ Not applicable (no compost used) - **go to section 5C.**

Describe any changes to your Organic Production System Plan, in regard to compost use:

☐ no changes

C. MANURE USE.

☐ Not applicable (no manure used)- **go to section 5D.**

Describe any changes to your Organic Production System Plan, in regard to manure use:

☐ no changes

If you grow crops for human consumption and use un-composted manure, complete the following table.

ATTACH ADDITIONAL SHEETS IF NEEDED.

CROPS (S)	FIELD NUMBERS	DATE MANURE IS APPLIED	EXPECTED DATE OF HARVEST

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5D. Natural Resources

Rate the effectiveness of your natural resources conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes to your Organic Production System Plan, in regard to natural resource conservation: ☐ no changes

Describe any changes to your Organic Production System Plan, in regard to water use: ☐ no changes

SECTION 6: Crop Management

NOP Rule 205.205, 205.206

A. CROP ROTATION PLANS: Describe your crop rotation(s) (use one line for each rotation used):

ATTACH ADDITIONAL SHEETS IF NEEDED.

CROP ROTATION PLAN (LIST CROP SEQUENCE; INCLUDE GREEN MANURE AND COVER CROPS)	FIELD NUMBERS WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES

B. WEED MANAGEMENT PLAN:

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes to your Organic Production System Plan, in regard to weed management: ☐ no changes

List all weed control products used or intended for use in the current season on proposed organic fields / crops. All weed control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No weed control products used)- **go to section 6C**

WEED PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

C. FIELD PEST MANAGEMENT PLAN:

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes to your Organic Production System Plan, in regard to field pest management: ☐ no changes

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SECTION 6C: Field Pest Management, *continued*

List all pest control products used or intended for use in the current season on proposed organic fields / crops. All pest control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No pest control products used)- **go to section 6D**

PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

D. DISEASE MANAGEMENT PLAN:

Rate the effectiveness of your disease management program:

☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes to your Organic Production System Plan, in regard to disease management:

☐ no changes

List all disease management inputs used or intended for use on proposed organic fields / crops. All disease control inputs used during the current year and in the previous three years must also be listed on your Field Histories.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (No disease management inputs used)-**go to section 7.**

DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

SECTION 7: Maintenance of Organic Integrity

NOP RULE 205.201(a)(5) and 205.202(c)

A. ADJOINING LAND USE:

Describe any changes to your Organic Production System Plan, in regard to maintenance of organic integrity:

☐ no changes

Have you added any buffers to your operation since your last application for certification? ☐ yes ☐ no

If yes, please complete the following table for **all buffers added** to your operation since your last application for certification.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ No buffers used- **go to section 7B.**

LOCATION / FIELD NUMBERS	TYPE OF BUFFER (CROP LAND, TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP)	WIDTH OF BUFFER	ADJOINING LAND USE	IF CROP IS HARVESTED FROM BUFFER, DESCRIBE USE (SALE, NON-ORGANIC FEED, SEED, ETC.)

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7B. Parallel production:

Do you grow the same crops organically and non-organically (including transition crops)? ☐ yes ☐ no

If you grow any non-organic crops (including transitional), please complete the following tables. If not, proceed to section 7C.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (all crops are organic)- **go to section 7C**

SPECIFIC NON-ORGANIC CROPS / VARIETIES	CHECK IF GMO (✓)	FIELD NUMBERS	TOTAL ACREAGE	ORGANIC VARIETY OF SAME CROP	PLANNED USE OF CROP (SALE, SEED, NON-ORGANIC LIVESTOCK FEED, ETC.)	IS FIELD BEING CONVERTED TO ORGANIC ? (✓)
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>
	<input type="checkbox"/>					<input type="checkbox"/>

List all fertilizers and soil amendments used on **non-organic** crops:

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no fertilizers or soil amendments used)- **go to next table**

PRODUCT NAME	WHO APPLIES? SELF OR CUSTOM	FIELD NUMBERS WHERE APPLIED	WHERE IS PRODUCT STORED? (ON-FARM OR OFF-FARM; WHERE IF ON-FARM?)

List all herbicides / pesticides used on **non-organic** crops:

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no herbicides or pesticides used)- **go to next table**

PRODUCT NAME	WHO APPLIES? SELF OR CUSTOM	FIELD NUMBERS WHERE APPLIED	WHERE IS PRODUCT STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)

C. EQUIPMENT: To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops (residues) and prohibited materials. Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment cleaning and flush activities.

Describe any changes to your Organic Production System Plan, in regard to equipment used:

☐ no changes

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7C. Equipment, continued

List all equipment added to your operation since your last application for certification.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ Not applicable (no equipment added)- **go to section 7D**

EQUIPMENT NAME / TYPE	OWNED (O) RENTED (R) CUSTOM(C)	CHECK (✓) IF USED ON BOTH ORGANIC & NON-ORGANIC	HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

D. HARVEST:

Describe any changes to your Organic Production System Plan, in regard to harvest of organic crops:

☐ no changes

E. POST-HARVEST HANDLING:

☐ Not applicable (No post-harvest handling)- **go to section 7F**

For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review. Please contact the Montana Department of Agriculture Organic Certification Program for additional forms or if you have any questions.

Describe any changes to your Organic Production System Plan, in regard to post-harvest handling:

☐ no changes

F. CROP STORAGE:

☐ No organic crop storage- **go to section 7G**

Describe any changes to your Organic Production System Plan, in regard to crop storage:

☐ no changes

Describe your storage locations:

ATTACH ADDITIONAL SHEETS IF NEEDED.

STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	AERATION (✓)	CAPACITY	ORGANIC (O) OR NON-ORGANIC (N)
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

G. TRANSPORTATION:

☐ Not applicable (crops are not transported)- **go to section 8**

Describe any changes to your Organic Production System Plan, in regard to transportation:

☐ no changes

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SECTION 8: Record Keeping System

NOP Rule 205.103

Describe any changes to your Organic Production System Plan, in regard to record keeping:

☐ no changes

SECTION 9: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the 36-month period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and / or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Montana Department of Agriculture Organic Certification Program. I agree to follow the NOP Rule and all other program rules as provided with the application.

Signature of Applicant _____ Date of submission _____

Verification of Changes to the Organic Production System Plan:

*If you have made any changes to this Organic Production System Plan Update after submission to the Montana Department of Agriculture (including changes entered by MDA staff at your direction and those made during your inspection), **please sign and date below** to verify that you agree to the changes, that you agree to follow the Organic Production System Plan as amended and that you agree to notify the Montana Department of Agriculture of any further changes to the plan. . **DO NOT SIGN BELOW UNLESS YOU HAVE MADE CHANGES TO THIS FORM AFTER ITS ORIGINAL SUBMISSION TO THE DEPARTMENT.***

Signature of Applicant _____ Date _____

I have attached the following documents:

- ☐ Notice(s) of non-compliance or denial of certification from other certifying agencies.
- ☐ Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions.
- ☐ Montana Department of Agriculture Organic Certification Program Application form
- ☐ Organic Livestock Addendum form
- ☐ International Certification Supplement form(s): (Specify agency / regulation)
- ☐ Maps of all parcels / fields (showing adjoining land use, buffers and field identification)
- ☐ Field history form(s) (showing at least three years of information)
- ☐ Documentation for fields owned or rented for less than three years (PLMA's), if applicable
- ☐ Water tests, if applicable
- ☐ Soil and/or plant tissue tests, if applicable
- ☐ Residue analyses, if applicable
- ☐ Input product labels, if applicable
- ☐ Organic product labels, if applicable
- ☐ Other (specify):

- ☐ I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:

Montana Department of Agriculture
Organic Certification Program
P.O. Box 200201
Helena, MT 59620-0201